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CONFIRMATION NO. 8093

SERIAL NUMBER 10/635,333	FILING OR 371(c) DATE 08/06/2003 RULE	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 010023-000150
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/052,162 01/16/2002 PAT 6,770,478

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 48	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Therapeutic platelets and methods

FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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